

**Testimony of
Robert Leventhal, MD
On Behalf of
The Connecticut Association of Ambulatory Surgery Centers
Before the Public Health Committee on
H.B. No. 5902 (Raised) An Act Concerning Hospital Staffing And Patient Access To Deep
Sedation And General Anesthesia.**

March 12, 2008

Good afternoon, Rep. Sayers, Sen. Handley and distinguished members of the Public Health Committee. My name is Dr. Robert Leventhal and I am a gastroenterologist practicing in Waterbury, Connecticut. I am also a member of the Connecticut Association of Ambulatory Surgery Centers because I have a certified Ambulatory Endoscopy Center licensed by the Department of public health. I am here today to address one aspect of HB 5902 which is meant to resolve an issue we are having in the outpatient surgery setting, called the site of service differential.

Effective March 30, 2007 any procedure requiring moderate to deep sedation or general anesthesia is required to be done in a licensed outpatient surgical facility or hospital. This was done to ensure the safety and well being of patients and to move certain procedures out of the physician office. As a result, some physicians went through the process of obtaining a CON or CON waiver to construct a facility that met both the building code and health care standards and then went through the licensure process with the Department of Public Health. Our state has really raised the bar on patient safety and even went a step further to require every surgery center and hospital to belong to a DPH approved Patient Safety Organization. Unfortunately, some payers have disregarded this requirement and actually look to reward providers who perform surgeries in the office setting through what they call the "site of service differential."

More than a year ago-now, we met with the then Insurance Commissioner to address a unilateral policy implemented by one managed care company that resulted in close to a 50% reduction in

payment to physicians providing services in outpatient surgical centers or hospitals. The fact that this General Assembly, in the interest of safety, passed a law, which gave the providers no choice but to provide services in these settings, was taken advantage of by the insurance industry as an opportunity to increase profits. We continue to have little or no recourse in addressing this sort of unilateral payment policy while at the same time managed care companies continue to rack up enormous profits at the expense of providers and their patients.

In fact, reimbursements to providers that perform colonoscopies in their offices were actually increased while the same service was cut in half when performed in a hospital or ASC. Of course, the procedure could not be performed in the physician office any longer because of the state statute passed by this body.

If any of you have had a colonoscopy-you well know that anesthesia is important to its success and your comfort. In addition to procedural safety, patient satisfaction is what brings patients back for repeat exams. And, it is this follow up screening that will reduce the current 50,000 deaths per year from colon cancer.

We are truly between a rock and a hard place on this issue. And respectfully request that the bill before you today be amended not to provide access to anesthesia services-because that is available-but to prohibit managed care companies from penalizing providers for providing care in a setting required by state statute.

Thank you for the opportunity to testify on HB 5902, I am pleased to answer any questions.